

CHECKLIST

HCBS EXPEDITED ENROLLMENT FORMS FOR CURRENTLY CONTRACTED TENNCARE PROVIDERS

This checklist will assist you in completing and returning the correct application form and contracts.

HBCS Express Application

Provider Agreement (3 Copies)

Memorandum of Agreement

HCBS EXPEDITED ENROLLMENT APPLICATION FORM FOR “CURRENTLY CONTRACTED” TENNCARE PROVIDERS

The Bureau of TennCare has expedited the TennCare HCBS provider enrollment process **ONLY** for TennCare providers **in good standing who already have a signed, currently approved contract with the Bureau of TennCare** that choose to participate as a provider in the Statewide HCBS Waiver Program. Complete the attached form, **only** if you have a valid provider contract with TennCare. Along with the expedited form, the following documents will be required **by TennCare** for enrollment as a Statewide HCBS Waiver provider:

- The attached form, “HCBS ENROLLMENT FOR CURRENTLY CONTRACTED TENNCARE PROVIDERS, EXPEDITED APPLICATION”
- Three (3) copies of the “Provider Agreement Between the Department of Finance and Administration, Bureau of TennCare and [PROVIDER]” **with original signatures on each**; and
- A signed “Memorandum of Agreement (MOA) Between the State of Tennessee, Commission on Aging and Disability And [Provider],” with attachment A of the MOA, “Memorandum of Agreement Between The State of Tennessee, Commission on Aging and Disability and [Each Area Agency on Aging and Disability].”

Providers in good standing that already have a currently approved contract with the Bureau of TennCare will **NOT** be required to complete and resubmit the following Bureau of TennCare Forms which are already on file:

- Provider Participation Agreement;
- TN Department of Finance & Administration #3 Group Application Form;
- Substitute W-9 Form;
- Disclosure of Ownership and Control Interest Statement;
- HIPPA Business Association Agreement; and
- National Provider Identification (NPI) Collection Form (if the service(s) the agency chooses to provide are all listed under the same NPI and taxonomy numbers). If the agency has different NPIs or Taxonomy numbers, it will be necessary to complete and submit the NPI Collection Form.

Please be advised that all NEW TennCare providers (i.e., providers that do not currently have a signed, approved TennCare provider agreement in place) **will** still be required to submit all documents specified in **both** lists above, along with all applicable licensure requirements to the Bureau of TennCare, and will not be able to use the expedited enrollment process.

Submit your completed “HCBS Enrollment for Currently Contracted TennCare Providers, Expedited Application” along with the other required documents listed above to the Area Agency on Aging and Disability (AAAD) that serves your area. Click on the following link to find the AAAD serving your area: <http://tennessee.gov/comaging/localarea.html>



**TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
HCBS ENROLLMENT FOR CURRENTLY CONTRACTED TENNCARE PROVIDERS
EXPRESS APPLICATION**

<http://www.tennessee.gov/tenncare/pro-forms.html>

LIST ALL EXISTING PROVIDER TYPES AND CORRESPONDING NUMBERS:

Legal Business Name: _____

D/B/A: _____

Practice Location: _____
(No P.O. Box #)

City: _____ **State:** _____ **Zip Code + 4:** _____

Telephone: _____ **Fax:** _____ **County:** _____

Application Surety Statement:

I certify that the information provided on this Express Application is complete and correct to the best of my knowledge. Further, I certify that I am currently and actively participating in the Tennessee Medicaid (TennCare) program as a service provider and have on file with the Bureau of TennCare a completed Application, Provider Participation Agreement and all documentation required for the provider type(s) listed above. I agree to comply with the HCBS Waiver and all federal and state laws, rules and policies governing the Program. This Express Application neither replaces nor amends any previous documents filed to obtain Enrollment as any Provider Type other than HCBS.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____